PATENT APPLICATION FEE DETERMINATION REC							Application or Docket Number					
Effective October 1, 2003							'l	106	66	2809	3	
CLAIMS AS FILED - PART I												4
TOTAL CLAIM		in 1) (Cotumn 2)				TYPE		O	OTHE	er than L entity		
	· .	13	8				RATE	FEE	_	RATE	_	_
FOR		MUMBE	MAMSER FILED		NUMBER EXTRA		BASIC FE	+	-	BASIC FE		-
TOTAL CHARGE	ABLE CLAIMS	8 "	8 minus 20°				-	1	⊣∽		770.00	4
INDEPENDENT (ان	O minus 3 =				.X2.8=	 	-JOF	XS18-		1	
MULTIPLE DEPENDENT CLAIM PRESEN							X43.	<u> </u>	OR	X86*		
• If the difference in column & in tops the column					لب		+145=		OR	+290=		7
If the difference in column 1 is tess than zero, enter "o" in column 2							TOTAL			TOTAL	1990	1
CLAIMS AS AMENDED - PART II									_		THAN	1
111/	CLANS		(Cotumi	.61	(Cotumn 3)		.SMALL		OR		ENTITY.	
7/11/05 Total Independent	AFTER AMENDMENT		PREVIOL	USLY	PRESENT EXTRA		RATE	ADDI- TIONAL		RATE	ADDI- TIONAL	7
Total	. 18	Minus	PAIDE	_	12	-	<u>-</u> _	FEE	-		FEE	1
Independent	. (3	Minus	- 13			-	X\$ 9*		ÓВ	X\$18-	7	X
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							X43=		OR	X86.]
1:1	/	•					+145=		ОЯ	+290=	75	1
(127/076 (Column 1)						L.	TOTAL DUT, FEE			TOTAL	/	T
71-4	(Column 3)	•			<u>.</u>	ADDIT, FEE	<u> </u>	1				
' '	CLAIMS REMARKING AFTER		HIGHES NUMBE PREVIOUS	R	PRESENT.	Γ	_:_	ADDI-	1 [ADDI-	1
Total	AMENDMENT		PAID FO		EXTRA -	L	RATE	TIONAL FEE	1	RATE	TIONAL	
-		Minus	- d	<u>0.</u>			X\$ 9=	7.	OR	K\$18=	/	
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1 /)	1		<u> </u>	OR	X89'-							
- 1 / 1		•				Ľ	145=		OR	230=		
DHH)(Db	<i>9.</i>		•		•	AD	TOTAL DIT. FEE		OR A	DOTT, PEE		
1	(Column 1)		(Column :	2)((Column:3)		•					ŀ
l' '	REMAINING AFTER		NUMBER	1	PRESENT	r		ADDI-	·F		-ICCOs:	İ
 	AMENDMENT		PREVIOUS PAID FOR		EXTRA	F	TATE T	IONAL		RATE 1	TIONAL	·
Total .	10 M	inus	- A	7		卜、	S 9=	FEE	}		FEE	-
independent e	_ , , ,	linus .	~	21.	-	H			OR	X\$18-	\leq	l
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							(C)=		OR	X86=		•
						.,	45=		DR I	290.		
the entry in column t is less than the entry in column 2, write "0" in column 3 The "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter '20." The "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter '20."							1074			TOTAL		
	er Previously Pain & Proviously Paid Fo			e hini) i rimi c	D, enter 20.		T. FEE		DR ADI	OIT FEE		

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Application or Docket Number